

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2677	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name MICHAEL A STRAETER P.O. Box, Bldg., Room No., if any Street 550 CONTINENTAL BLVD., SUITE 130 City EL SEGUNDO State California ZIP Code + 4 90245-5063	4. Name, file number, and address of labor organization. Name UNITED FOOD & COMMERCIAL WORKERS UNION L1442 Labor Organization File Number 919 039-010 P.O. Box, Building and Room Number, if any Street 550 CONTINENTAL BLVD., SUITE 130 City EL SEGUNDO State California ZIP Code + 4 90245-5063
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael A. Straeter</u>	On <u>5/4/06</u>	(310) 322-8329
	Date	Telephone Number

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HEALTH-NET OF CALIFORNIA</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 21281 BURBANK BLVD. B-2</p> <p>City WOODLAND HILLS</p> <p>State California ZIP Code + 4 91367</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC-UFCW & DRUG EMPLOYERS BENEFIT FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. BOX 27920</p> <p>Street 2220 HYPERION AVE.</p> <p>City LOS ANGELES</p> <p>State California ZIP Code + 4 90027-0920</p>	<p>11.a. Nature of such dealing.</p> <p>MEDICAL NETWORK PROVIDER</p> <p>11.b. Approximate dollar value of such dealing. \$7,023,220</p> <p>12.a. Nature of interest held or income received.</p> <p>lunch 4-7-05</p> <p>12.b. Amount. #33</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HEALTH NET OF CALIFORNIA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 21281 BURBANK BLVD. B-2

City WOODLAND HILLS

State California ZIP Code + 4 91367

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC UFCW & DRUG EMPLOYERS BENEFIT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 27920

Street 2220 HYPERION AVE

City LOS ANGELES

State California ZIP Code + 4 90027-0920

11.a. Nature of such dealing.

MEDICAL NETWORK PROVIDER

11.b. Approximate dollar value of such dealing.

\$7,023,220

12.a. Nature of interest held or income received.

Dinner, spouse included
11-16-05

12.b. Amount. #229.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC. UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE.

City CYPRESS

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495

12.a. Nature of interest held or income received.

Dinner
8-24-05

12.b. Amount. \$690.51

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SCUFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE

City CYPRESS

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495

12.a. Nature of interest held or income received.

GOLF, lunch, SNACKS
8-24-05

12.b. Amount. \$77.30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC UFCW & FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE

City CYPRESS

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495.

12.a. Nature of interest held or income received.

Dinner
8-22-05

12.b. Amount. \$72.38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

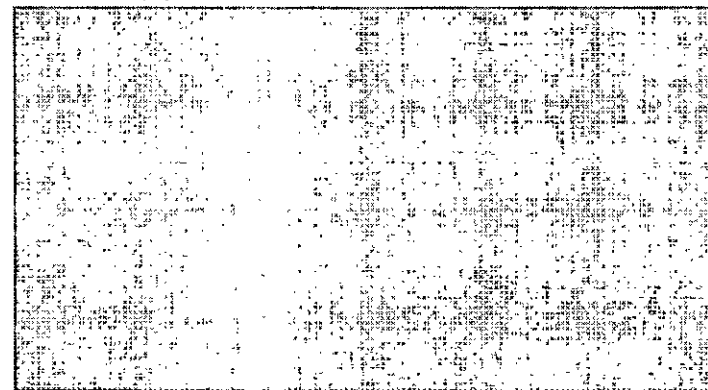
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois

ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC UFCW & FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. BOX 6010

Street 6425 KATELLA AVE

City CYPRESS

State California

ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495.

12.a. Nature of interest held or income received.

DINNER, SPOUSE INCLUDED,
6-23-05

12.b. Amount. \$243.33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☒or Consultant ☒

?

14.b. Amount of payment.

Name of Person Filing MICHAEL STRAETER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC UFCW & FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE

City CYPRESS

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495.

12.a. Nature of interest held or income received.

GOLF
2-10-05

12.b. Amount. \$55,63

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MORGAN STANLEY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 440 SOUTH LA SALLE STREET

City CHICAGO

State Illinois ZIP Code + 4 60605-5028

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SC UFCW & FOOD EMPLOYERS JOINT TRUST FUNDS.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. BOX 6010

Street 6425 KATELLA AVE

City CYPRESS

State California ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND
REAL ESTATE INVESTMENT SERVICES
PRIME PROPERTY FUND

11.b. Approximate dollar value of such dealing.

\$713,495.

12.a. Nature of interest held or income received.

Dinner, spouse included
2-9-05

12.b. Amount.

\$130.38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing MICHAEL STRAETER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name COLUMBIA MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 MONTGOMERY STREET

City SAN FRANCISCO

State California ZIP Code + 4 94111-2702

14.a. Nature of payment.

Dinner, spouse included
11-12-05

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$ 275.16

Name of Person Filing MICHAEL STRAETER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name COLUMBIA MANAGEMENT
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 600 MONTGOMERY STREET
City SAN FRANCISCO
State California ZIP Code + 4 94111-2702

14.a. Nature of payment.

GOLF
9-20-05

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$124.02

Name of Person Filing MICHAEL STRAETER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name COLUMBIA MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 MONTGOMERY STREET

City SAN FRANCISCO

State California ZIP Code + 4 94111-2702

14.a. Nature of payment.

Dinner, spouse included
9-19-05

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$174.64

Name of Person Filing MICHAEL STRAETER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name COLUMBIA MANAGEMENT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 600 MONTGOMERY STREET

City SAN FRANCISCO

State California ZIP Code + 4 94111-2702

14.a. Nature of payment.

GOLF
8-18-05

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

#95.

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code +4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UPCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code +4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <p>11.b. Approximate dollar value of such dealing. \$271,362.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>lunch</i> <i>11-1-05</i></p> <p>12.b. Amount. \$44.41</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <p>11.b. Approximate dollar value of such dealing. \$ 271,362.</p> <p>12.a. Nature of interest held or income received.</p> <p>GOLF 10-10-05</p> <p>12.b. Amount. \$ 60.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$271,362*</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;">GOLF, SNACKS 8-29-05</p> <hr/> <p>12.b. Amount. \$124.80</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code -- 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <p>11.b. Approximate dollar value of such dealing. <i>\$271,362</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>lunch</i> <i>8-17-05</i></p> <p>12.b. Amount. <i>\$30.61</i></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <p>11.b. Approximate dollar value of such dealing. \$271,362.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>lunch</i> <i>7-18-05</i></p> <p>12.b. Amount. \$30.52</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code +4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code +4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p> <p>11.b. Approximate dollar value of such dealing. \$271,362.</p> <p>12.a. Nature of interest held or income received.</p> <p><i>lunch</i> <i>6-20-05</i></p> <p>12.b. Amount. \$23,666</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code +4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UPCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code +4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p>
	<p>11.b. Approximate dollar value of such dealing. \$271,362.</p>
	<p>12.a. Nature of interest held or income received.</p> <p><i>lunch</i> <i>4-14-05</i></p>
	<p>12.b. Amount. \$61.19</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code +4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing MICHAEL STRAETER	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UNION LABOR LIFE INSURANCE COMPANY</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1625 EYE STREET, NW</p> <p>City WASHINGTON</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SC UFCWU & FOOD EMPLOYERS JOINT TRUST FUNDS</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any PO BOX 6010</p> <p>Street 6425 KATELLA AVE.</p> <p>City CYPRESS</p> <p>State California ZIP Code + 4 90630-0010</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT MANAGER FOR PENSION FUND MORTGAGE INVESTMENT FUND J FOR JOBS</p>
	<p>11.b. Approximate dollar value of such dealing. \$271,362,</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="text-align: center; font-size: 1.2em;"><i>lunch</i></p> <p style="text-align: center; font-size: 1.2em;">1-4-05</p>
	<p>12.b. Amount. \$38.01</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

**Michael A.
Straeter**
President



**Jesse
Gonzales**
Secretary-Treasurer

United Food and Commercial Workers Union

May 4, 2006

Sent Certified Mail
Return Receipt Requested

U.S. Department of Labor
Employment Standards Administration
Office Labor-Management Standards
200 Constitution Ave., NW, Room N-5616
Washington, DC 20210

RE: LM-30 Reports for 2005

To Whom It May Concern:

Enclosed are my reports for the above period. As of this date, I haven't been issued an OLMS five digit number.

If you have, any questions don't hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink that reads 'Michael A. Straeter'.

Michael A. Straeter
President

MAS:bd

Enclosures (LM-30 reports)